

HOME LIVING PLANNING WORKSHEET 1

Complete the following checklist to help determine your community life preferences.

	Yes, preferred Very Important	Should be considered	No, not preferred Unimportant
Ownership			
Own Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-own home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency Owned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Preferences			
Modern Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renovated Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single family home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duplex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triplex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large Yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small Yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apartment in a large complex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apartment in a small complex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apartment in a house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condominium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOME LIVING PLANNING WORKSHEET 2

Complete the following checklist to help determine your community life preferences.

	Yes, preferred Very Important	Should be considered	No, not preferred Unimportant
Locality			
Midtown big city	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outskirts big city	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midsized city	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small city	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small suburban town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood			
Near Park/playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near grocery store/ strip mall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near school/ college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close to neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distant neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near place of worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near indoor mall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOME LIVING PLANNING WORKSHEET 3

Complete the following checklist to help determine your community life preferences.

	Yes, preferred Very Important	Should be considered	No, not preferred Unimportant
Shared Housing			
No roommates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 roommate-male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 roommate-female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 roommates- males	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 roommates- females	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 roommates- co-ed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 roommates- males	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 roommates- females	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 roommates- co-ed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Housing			
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significant other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Amenities			
Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Clubhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washer/Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Special Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>